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David A. Rose P. O. BOX 3267				U.S. Patent and Trademark Office website, "www.uspto.gov" [37 CFR 1.8(a)].			
HOUSTON, TX 7		[	Ellen Anderson (Depositor's nam				
			1	WWW Und MOV (Signature			
			L	September	22,2010	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/558,917 08/29/2006			Michael S. Wong		1789-12702	8501	
TITLE OF INVENTION: S				TOXI MILENDE			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/30/2010	
EXAMIN		ART UNIT	CLASS-SUBCLASS	]			
JOHNSON, KEVIN M  1. Change of correspondence address or indication of "Fee A		1793	502-076000				
CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1 Conley Rose, P.C.				
Change of correspond	age of Correspondence	or agents OR, alterna	or agents OR, alternatively,				
Tee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	tion (or "Fee Address" or more recent) attach	Indication form ed. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
WILLIAM MARSH RICE UNIVERSITY Houston, Texas							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 📮 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
A check				ck is enclosed,			
Advance Order - # of	Payment by credit ca	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _50-1515(enclose an extra copy of this form).					
			overpayment, to Dep	osit Account Number	50-1515 (enclose ar	extra copy of this form).	
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.						R 1 27(e)(2)	
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Authorized Signature	est	mel			-22-10		
Typed ocarinted name Rodney B. Carroll				Registration No.	39,624		
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